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** CONTINUING DATA ***** None SD					
** FOREIGN APPLICATIONS ***** None SD					
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance SD Verified and Acknowledged Examiner's Signature _____ Initials _____		STATE OR COUNTRY NC	SHEETS DRAWING 5	TOTAL CLAIMS 32	INDEPENDENT CLAIMS 6
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